PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application or Docket Number 10 184, 405														
CLAIMS AS FILED - PART I (Column 1) (Column.2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			18				RAT		FEE		RATE	FEE		
FOR			NUMBER FILED		NUMB	ER EXTRA		ASIC FEE	385.00	OR	Basic Fee	770.00		
TOTAL CHARGEABLE CLAIMS			minus 20=		•	d	Γ	X\$ 9=		OR	X\$18=	7		
INDEPENDENT CLAIMS			/ minus 3 =		•	a	X43:			OR	X86=			
		DENT CLAIM PR	RESENT			7 🗖	+145=		-	OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	770			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							;	Small (ENTITY	OR	OTHER SMALL			
AMENDMENT A	//	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	iest Ber Ously	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
SAE D	Total	. 20	Minus	-20	is	- 1		X\$ 9=	,	OR	X\$18=			
Š	Independent	13	Minus	3	Ž.	=	r	X43=		OR	X86≃			
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=			
								+145= TOTAL		OR	TOTAL			
								DOIT. FEE		OR	ADDIT. FEE			
		(Column 1)		(Colu		(Column 3)			ADDI-	l I		ADDI-		
NT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE		
DME	Total	۵	Minus	44		=		X\$ 9=		OR	X\$18=			
AMENDMENT	Independent	•	Minus	444				X43=		OR	X86=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=			
1							L	TOTAL		ØЯ	ADDIT. FEE			
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CCAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	NEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE.	ADDI- TIONAL FEE		
	Total	*	Minus	••		в .		X\$ 9=		OR	X\$18=			
Ę.	Independent	•	Minus	***				X43=		OR	X86=			
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL	 		
-	If the "Highest Nu	mn 1 is tess than to mber Previously Po imber Previously Pa inber Previously Pa	ald For IN TH	S SPACE	is less th	90 20, enter 30.		TOTAL DOIT. FEE od in the ap	ــــــــــــــــــــــــــــــــــــــ	OR Ix in a	ADDIT, FEE			